

Tennessee Department of Education – Office of Educator Licensing

710 James Robertson Parkway - Andrew Johnson Tower, 12th Floor - Nashville, TN 37243
The information on this page must accompany any request for licensure transactions in the State of Tennessee. Please complete using black ink. Required items are identified with an asterisk (*). The personal affirmation section must be completed.

	ND DEMOGRAPHIC INFORI		on				
inis section must be compl	eted. Please be certain to pro	vide accurate informati	on.				
First Name*	Middle Name*	Last Name*		(Maiden/Other Last Name)			
Date of Birth*	Street/P.O. Box*	City*	State*	Zip Code*			
(MM/DD/YYYY)							
Primary Telephone Number*		Secondary Telephone Number		Social Security Number*			
(999) 999-9999		(999) 999-999	9	999-99-9999			
Primary Email Address*	Se	condary Email Addr	ess				
The following informatio	n is collected for the purpo	oses of federal report	ing requirement	s. Please provide responses for ethnicity, race and	gender.		
1. Ethnicity – Cho		panic or Latino	0 1	Not Hispanic or Latino	Ü		
2. Race – Mark all	I that annly Am	erican Indian or Alas	ka Native	Asian			
Z. Nace Wark an		ck or African America		Native Hawaiian/Other Pacific Islander			
	Wh	ite					
3. Gender	Ma	ale					
or C emuel		male					
ECTION 3 DEDCOMAL AS	CLIDBA A TIONIX						
ECTION 2. PERSONAL AF		this application may co	nstitute grounds	to take action, revoke or deny a license. Check the appro	nriate		
				rinvestigated and found "No Probable Cause" to take any			
	Have you been convicted of a felony, including conviction on a plea of guilty, a plea of <i>nolo</i> contendere or granting pre-trial diversion?						
_YesNo 2.	Have you ever been convic	ted of the illegal pos	_	including conviction on a please of			
	guilty, a plea of <i>nolo conter</i>	_		iversion? d or denied, or have you voluntarily			
_	relinquished a certificate/li						
				application in another state?			
 If you have answered ' judgment, conviction, 		e attach details of conv	iction, include date	e and location of conviction, and court certified copies of	the		
 If you have answered ' 	"Yes" to question 3 or 4, pleas	e attach details naming	the state and/or is	ssuing authority and explain the circumstances.			
ECTION 3. SIGNATURE A	ND DATE						
This section must be compl	eted.				<u> </u>		
Applicant Signature				Date			
	RANSACTION REQUESTED s) of licensure transaction(Mark all that ann	alv.			
	o, or necessare transactions.	o, semb requested. I	ark an that app				
Initial Licensure				ctivating an Inactive License Waiver or Permit			
Additional Endorsem	ent JROTC Into	ernational Teacher Ex	kunange License	Other:			

APPLICATION FOR INTERIM TYPE "D" LICENSE

APPLICANT NAME	SOCIAL SECURITY NUMBER
	COOIAL CLOCKITT HOMBER

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE INSTITUTION Both pages of application must be completed and submitted.

TO BE COMPLET	TED BY THE DEAN (OF EDUCATION			
OFFICIAL TRANS	SCRIPTS FROM THE	FOLLOWING INSTITU	TIONS ARE ATTACHED (mu	st include pre-service credit completed)	
Nam	ne of Institution		Degree(s)	Date Degree(s) Conf	erred
				<u> </u>	
				/EAR 20 TO 20	
PRE-K			` `	v, give the subject area)
	(K-6)	(4-8)	(7-12)		
Name of School S	System		Name of School		
			•		
This is to certify t	that the applicant h	as been admitted to the	approved teacher education	n internshi	
E	ENDORSEMENT TIT	LE	ENDORSEMENT CODE		
This form must b	e signed by the Dea	an of Education of a Te	nnessee institution with an	approved internship program.	
College or Univers	sity	Signature of Dean		Date	
Concess of Chivers	sity	olgridatic of Deari		Bato	
RENEWAL OF	INTERIM D (Re-e	enrolled in program			
	TED BY THE DEAN (
THE APPLICANT	WILL BE AN INTER	N AT THE FOLLOWING	LEVEL DURING SCHOOL	/EAR 20 TO 20	
PRE-K	ELEMENTARY	MIDDLE	_ SECONDARY (If secondary	v, give the subject area)
	(K-6)	(4-8)	(7-12)		
			1		
Name of School S	System		Name of School		
This is to cartify t	that the annlicant h	as hoon admitted to the	approved teacher education	an intarnehi	
Tills is to certify	mat the applicant in	as been admitted to the	approved teacher education	in internalii	
E	ENDORSEMENT TIT	LE	ENDOR	SEMENT CODE	
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This form must b	e signed by the Dea	an of Education of a Te	nnessee institution with an	approved internship program.	
Collogo or Univers	sity.	Signature of Door		Date	
College or Univers	ыцу	Signature of Dean		Date	

ED2331D REV 3-9-15